

Mississippi S-Corporation Income and Franchise Tax Return 2000

WCA

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For Fiscal Year Beginning and Ending \$ \$ FEIN

| | | | |
|--|-------|---------|-------------|
| Name of Corporation | | | |
| Mailing Address (PO Box or Street Including Rural Route) | | | |
| City | State | ZIP + 4 | County Code |

FILING STATUS

(See Instructions)

Check All That Apply: ☐ Final Return ☐ Amended Return ☐ Short Year Return ☐ Address Change

Check All That Apply: ☐ 100% Mississippi ☐ Multistate Direct Accounting ☐ Multistate Apportioning ☐ Composite Return

Number of Shareholders at End of Tax year: Date of Election as an S-Corporation:
 Number of Schedule K-1's attached:

FRANCHISE AND INCOME TAX

| | | | |
|--|----|----|---------------------------|
| 1. Taxable Capital (From Form 83-110, Line 18.) | 1 | \$ | <input type="text"/> |
| 2. Franchise Tax Due (From Form 83-110, Line 21). Minimum tax of \$25. | | | <input type="text"/> |
| 3. Is this S-Corporation the parent of a QSSS or owner of a SMLLC doing business in Mississippi? If yes, enter Name and FEIN of the Subsidiary or SMLLC. (If more than one, attach schedule.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | 5 | \$ | FEIN <input type="text"/> |
| Name: <input type="text"/> | | | |
| 4. Mississippi Net Taxable Income (Enter zero, unless filing composite return - See Instructions.) | 6 | \$ | <input type="text"/> |
| 5. Total Income Tax (Composite Return Only. See Instructions) | | | <input type="text"/> |
| 6. Credits: a. Ad Valorem Tax Credit (From Form 83-401, Schedule A.) (Composite Only) | 22 | \$ | <input type="text"/> |
| b. Other Credits (From Form 83-401, Line H, Schedule B.) (Composite Only) | | | <input type="text"/> |
| 7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b.) (Composite Only) | | | <input type="text"/> |
| 8. Total Franchise and Income Tax Due - Line 2 (Plus Line 7 if filing Composite) | | | <input type="text"/> |
| 9. Interest & Penalty on Underestimated Income Tax Payments. (Attach Form 83-305) | 26 | \$ | <input type="text"/> |
| 10. Total of Lines 8 and 9. | | | <input type="text"/> |

Round All Amounts to the Nearest Dollar**PAYMENTS and TAX DUE**

| | | | |
|--|----|----|----------------------|
| 11. Overpayments from Prior Year. | | | <input type="text"/> |
| 12. Estimated Tax Payment and Payments with Extension. | | | <input type="text"/> |
| 13. Total Payments (Line 11 Plus Line 12.) | | | <input type="text"/> |
| 14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13.) | | | <input type="text"/> |
| 15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month. (See Instructions) | 29 | \$ | <input type="text"/> |
| 16. Amount Paid with this Return. (Line 14 plus Line 15) Attach Payment for Total Due to: State Tax Commission. | 31 | \$ | <input type="text"/> |
| 17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. (Line 13 minus Line 10.) | | | <input type="text"/> |
| 18. Amount of Overpayment (Line 17) to be Refunded. | 33 | \$ | <input type="text"/> |
| 19. Amount of Overpayment (Line 17) to be Credited to Next Year. | 34 | \$ | <input type="text"/> |

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Check To: **Office of Revenue**
 Mail To: **P.O. Box 23050**
Jackson, MS 39225-3050

Officer's Signature_____
Date_____
Officer's Title()
Tax Department Phone

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S-Corporation Information

1. DBA _____ 2. County locations in Mississippi. _____
3. Principal business activity in Mississippi. _____ 4. Principal business activity everywhere. _____
5. Principal product or service in Mississippi. _____ 6. Principal product or service everywhere. _____
7. Contact person for this return. _____ 8. Contact person's location and phone. _____ ()
9. If amended return, check reason:
- ☐ Mississippi correction only ☐ Amended Federal Form 1120S (attach copy) ☐ Federal RAR (attach applicable copies) ☐ Other: _____
10. If final return, check reason and enter date effective: Date _____
- ☐ Dissolving Mississippi Corporation ☐ Non-Mississippi Corporation Withdrawing from State ☐ Sold MS Assets ☐ Merged
- ☐ S-Status Terminated ☐ Other: _____

If you checked Sold or Merged, provide the following:
New company or owner's name and address

FEIN _____
Phone () _____

Former owner's forwarding address

Phone () _____

11. Is this corporation a partner in a partnership, LLP or LLC doing business in Mississippi? If Yes, attach MS Forms K-1. ☐ Yes ☐ No
12. Has the corporation filed amended federal returns in the last three years? ☐ Yes ☐ No
If Yes, list years _____
13. Has the IRS made any changes to your taxable income in the last three years? ☐ Yes ☐ No
If Yes, list years _____
14. If Line 12 and/or Line 13 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? ☐ Yes ☐ No

List of Officers - This schedule MUST be completed

| | | |
|--|--|--|
| President: Name and Home Address _____ _____ | Social Security Number _____ | Ownership Percentage _____ % |
| Salary _____ | | |
| Vice President: Name and Home Address _____ _____ | Social Security Number _____ | Ownership Percentage _____ % |
| Salary _____ | | |
| Treasurer: Name and Home Address _____ _____ | Social Security Number _____ | Ownership Percentage _____ % |
| Salary _____ | | |
| Secretary: Name and Home Address _____ _____ | Social Security Number _____ | Ownership Percentage _____ % |
| Salary _____ | | |

Paid Preparer's Signature

Date

Paid Preparer's Address

Paid Firm's Identification Number or PTIN

OR

Paid Preparer's Social Security Number or PTIN

Preparer's Phone

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